

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155747		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 11/13/2012	
NAME OF PROVIDER OR SUPPLIER WOODCREST NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1300 MERCER AVE DECATUR, IN 46733			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Surveys conducted on 09/19/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 11/13/12</p> <p>Facility Number: 000556 Provider Number: 155747 AIM Number: 100290130</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this PSR survey, Woodcrest Nursing Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety Code (LSC) and 410 IAC 16.2. The original section of the building consisting of A Wing, C Wing, the Extended Care Wing and the main</p>			K0000	<p>Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. Woodcrest Nursing Center maintains that the alleged deficiencies do not individually or collectively jeopardize the health and/or the safety of its residents nor are they of such character as to limit the provider's capacity to render adequate resident care. Furthermore, Woodcrest Nursing Center asserts that it is in substantial compliance with regulations governing the operation of long term care facilities, and this Plan of Correction in its entirety constitutes this provider's allegation of compliance and, thereby, we request resurvey to verify such as of November 15 th , 2012. Further, we request desk review (paper compliance) for compliance, if acceptable. Completion dates are provided for procedural processing purposes to comply with federal and state regulations, and correlate with the most recent contemplated or accomplished</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>dining room was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, areas open to the corridors and hard wired smoke detectors in the resident rooms. The facility has a capacity of 143 and had a census of 125 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. Areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/15/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the</p>				<p>corrective action. These do not necessarily chronologically correspond to the date that Woodcrest Nursing Center is under the opinion that it was in compliance with the requirements of participation or that corrective action was necessary.</p>		

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K0144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was provided with an alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' station. NFPA 99, Health Care Facilities, 3-4.1.1.15 requires a remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(a) Individual visual signals shall indicate:</p> <p>1. When the emergency or auxiliary power source is operating to supply power to load.</p> <p>2. When the battery charger is malfunctioning.</p> <p>(b) Individual visual signals plus a common audible signal to warn of</p>		K0144	<p>1. What corrective action(s) will be accomplished for the resident(s) found to be affected by the alleged deficient practice?</p> <p>The remote generator annunciator panel was physically relocated from the entrance room to the wall across from "A" wing nurses' station (manned 24/7/365) on December 15th by contractor. The remote annunciator panel which was relocated meets the following criteria - [NFPA 99, Health Care Facilities, 3-4.1.1.15 requirement] storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:(a) Individual visual signals shall indicate: 1. When the emergency or auxiliary power source is operating to supply power to load. 2. When the battery charger is malfunctioning.(b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate: 1. Low lubricating oil pressure. 2. Low water temperature. 3. Excessive water</p>		11/15/2012	

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	<p>an engine-generator alarm condition shall indicate:</p> <ol style="list-style-type: none"> 1. Low lubricating oil pressure. 2. Low water temperature. 3. Excessive water temperature. 4. Low fuel – when the main fuel storage tank contains less than a 3-hour operating supply. 5. Overcrank (failed to start). 6. Overspeed. <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur but need not display these conditions individually. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on an observation with the Vice President of Long Term Care, Maintenance Technician # 1, and Maintenance Technician # 2 on 11/13/12 at 12:57 p.m., the emergency generator did have a remote annunciator panel located in the electrical room across from</p>			<p>temperature. 4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply. 5. Overcrank (failed to start). 6. Overspeed. The previous arrangement installed upon the building of the facility and subsequent Fire Marshall and LSC surveys was previously uncited and thereby compliant. <u>2. How will the facility identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</u> None were so identified. <u>3. What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur?</u> The measures put in place were the relocation of the actual remote annunciator panel as elicited in (1.) above. <u>4. How will the corrective actions be monitored to ensure that the deficient practice does not recur?</u> The relocation is permanent, thus no further action would be required as regards the location of the annunciator panel.</p>			

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	<p>the main dining room which was not continuously occupied. A trouble light for the generator annunciator panel was located at the A wing nurses' station which was continuously occupied. When asked if the trouble light alarms when there is a problem with the generator, Maintenance Technician # 2 said "no." At this time the switch at the emergency generator was switched to manual mode. There was an audible/visual alarm at the remote annunciator panel but the trouble light at the nurses' station did not alarm. This was confirmed by the Vice President of Long Term Care at the time of observation.</p> <p>This deficiency was cited on 09/19/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3-1.19(b)</p>						

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K0000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Surveys conducted on 09/19/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 11/13/12</p> <p>Facility Number: 000556 Provider Number: 155747 AIM Number: 100290130</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this PSR survey, Woodcrest Nursing Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety Code (LSC) and 410 IAC 16.2. The Rehabilitation Administration addition including a rehabilitation pool, apartment, nurses' station</p>		K0000	<p>Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. Woodcrest Nursing Center maintains that the alleged deficiencies do not individually or collectively jeopardize the health and/or the safety of its residents nor are they of such character as to limit the provider's capacity to render adequate resident care. Furthermore, Woodcrest Nursing Center asserts that it is in substantial compliance with regulations governing the operation of long term care facilities, and this Plan of Correction in its entirety constitutes this provider's allegation of compliance and, thereby, we request resurvey to verify such as of November 15 th , 2012. Further, we request desk review (paper compliance) for compliance, if acceptable. Completion dates are provided for procedural processing purposes to comply with federal and state regulations, and correlate with the most recent contemplated or accomplished</p>			

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	<p>and offices was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, areas open to the corridors and hard wired smoke detectors in the resident rooms. The facility has a capacity of 143 and had a census of 125 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. Areas providing facility services were sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			<p>corrective action. These do not necessarily chronologically correspond to the date that Woodcrest Nursing Center is under the opinion that it was in compliance with the requirements of participation or that corrective action was necessary.</p>			

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K0144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was provided with an alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' station. NFPA 99, Health Care Facilities, 3-4.1.1.15 requires a remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(a) Individual visual signals shall indicate:</p> <p>1. When the emergency or auxiliary power source is operating to supply power to load.</p> <p>2. When the battery charger is malfunctioning.</p> <p>(b) Individual visual signals plus a common audible signal to warn of</p>			K0144	<p>1. What corrective action(s) will be accomplished for the resident(s) found to be affected by the alleged deficient practice?</p> <p>The remote generator annunciator panel was physically relocated from the entrance room to the wall across from "A" wing nurses' station (manned 24/7/365) on December 15th by contractor. The remote annunciator panel which was relocated meets the following criteria - [NFPA 99, Health Care Facilities, 3-4.1.1.15 requirement] storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:(a) Individual visual signals shall indicate: 1. When the emergency or auxiliary power source is operating to supply power to load. 2. When the battery charger is malfunctioning.(b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate: 1. Low lubricating oil pressure. 2. Low water temperature. 3. Excessive water</p>		11/15/2012

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